PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/791,695			ing Date 02/2004	To be Mailed	
	AF	AS FILE	SMALL	ENTITY 🛛	OR		HER THAN						
FOR			NUMBER FILED		(Column 2) NUMBER EXTRA		П	RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		ı	N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i), o	or (m))	N/A		N/A		l	N/A		1	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			mir	us 20 =	•		П	x \$ =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			m	minus 3 = *				x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is \$	If the specification and dra sheets of paper, the applic is \$250 (\$125 for small ent additional 50 sheets or frat 35 U.S.C. 41(a)(1)(G) and			n size fee due for each i thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								TOTAL		ı			
* 1f 1	* If the difference in column 1 is less than zero, enter "0" in column 2.								L	J	TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
AMENDMENT	01/10/2005	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	* 24	Minus	~ 43		= 0		X \$25 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 22	Minus	23		= 0	ı	X \$100 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						l			OR			
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))		Minus			-		x \$ =		OR	x s =		
	Independent (37 CFR 1,16(h))	*	Minus	***				x \$ =		OR	x \$ =		
띫	Application Size Fee (37 CFR 1.16(s))									1			
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
* 14										OR	TOTAL ADD'L FEE		
** If	If the entry is column 1 is less than the entry in column 2, write "of in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".												

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